

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **COMPOSITIONS FOR DELIVERY OF BIOLOGICAL AGENTS AND METHODS FOR THE PREPARATION THEREOF**

the specification of which [check one(s) applicable]

☒ was filed 11 June 1998 as International Application No. PCT/US98/12139 [now U.S. Application No. 09/445,656]

☐ and was amended by Amendment filed _____ (if applicable); [or];

☐ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)].

CLAIM UNDER 35 USC §119(e): I hereby claim the benefit under 35 USC §119(e) of any United States provisional applications listed below:

Provisional Application No.

60/053,000

Filing Date

Day/Mo/Year

13 June 1997

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,643** and **Kathleen D. Rigaut, Ph.D., Reg. No. 43,047.**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110.

DIRECT INQUIRIES TO: Patrick J. Hagan, Esq.

Telephone: (215) 563-4100

Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

Full Name Alexander V. KABANOV
First Middle Last

Signature [Signature]

Date 08.16.00

Residence Omaha, Nebraska NE
City State or Country

Citizenship Russia

Post Office Address:
1304 South 126th Street

Omaha, Nebraska 68144
City State or Country Zip Code

THIRD JOINT INVENTOR (IF ANY)

Full Name Victor A. KABANOV
First Middle Last

Signature _____

Date _____

Residence Moscow, Russia
City State or Country

Citizenship Russia

Post Office Address:
Lomonosovsky Prospect 14, Apt. 18

Moscow, Russian Federation 117296

SECOND JOINT INVENTOR (IF ANY)

Full Name Adi EISENBERG
First Middle Last

Signature _____

Date _____

Residence Montreal, Canada
City State or Country

Citizenship U.S.A.

Post Office Address:
6100 Deacon Road, Apt. 15J

Montreal, Canada PQ H3S2V6
City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name _____
First Middle Last

Signature _____

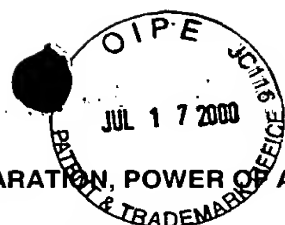
Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address:

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SOLE OR FIRST JOINT INVENTOR

Full Name Alexander V. KABANOV
 First Middle Last

Signature _____

Date _____

Residence Omaha, Nebraska
 City State or Country

Citizenship Russia

Post Office Address:
1304 South 126th Street

Omaha, Nebraska 68144
 City State or Country Zip Code

THIRD JOINT INVENTOR (IF ANY)

Full Name Victor A. KABANOV
 First Middle Last

Signature _____

Date _____

Residence Moscow, Russia
 City State or Country

Citizenship Russia

Post Office Address:
Lomonosovsky Prospect 14, Apt. 18

Moscow, Russian Federation 117296

SECOND JOINT INVENTOR (IF ANY)

Full Name Adi EISENBERG
 First Middle Last

Signature Adi Eisenberg

Date March 23 2000

Residence Montreal, Canada
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Citizenship U.S.A.

Post Office Address:
6100 Deacon Road, Apt. 15J

Montreal, Canada PQ H3S2V6
 City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name _____
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Signature _____

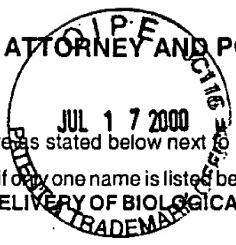
Date _____

Residence _____
 City State or Country

Citizenship _____

Post Office Address: _____

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As a below named inventor, I hereby declare:
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the specification of which (check one(s) applicable)
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that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(e) (37 FR§1.56(a)).

CLAIM UNDER 35 USC §118(a): I hereby claim the benefit under 35 USC §119(b) of any United States provisional applications listed below:

Provisional Applications No.

00/053,000

Filing Date

15 June 1997

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,843 and Kathleen D. Rigout, Ph.D., Reg. No. 43,047.**

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DIRECT INQUIRIES TO: Patrick J. Hagan, Esq.
 Telephone: (215) 583-4100 Facsimile: (215) 583-4046

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of application of any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

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Signature _____

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 City State or Country

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 City State or Country Zip Code

THIRD JOINT INVENTOR (IF ANY)

Full Name Victor A. KABANOV
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Signature V. Kabanov

Date July 03, 2000

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SECOND JOINT INVENTOR (IF ANY)

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 First Middle Last

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 City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name _____
 First Middle Last

Signature _____

Date _____

Residence _____
 City State or Country

Citizenship _____

Post Office Address: _____

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